

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
USDA COMMODITY SIGNATURE SHEET FOR PANTRIES**

This form must be submitted, along with the Summary Report, to the Food Bank by the 7th of the month. Failure to submit these forms will jeopardize your next food allocation.

**This institution is an equal opportunity provider.**

<p align="center"><b>Qualifier codes:</b></p> <p>1 Temporary Assistance to Need Families (TANF)                  2 Food Stamp Program (FSP)                  3 Supplemental Security Income (SSI)                  4 Women, Infants and Children (WIC)                  5 MEDICAID                  6 Income Eligible                  7 Disaster</p>
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Agency \_\_\_\_\_ Month / year \_\_\_\_\_

With my signature I acknowledge that I qualify for and received USDA Commodities from this pantry.

Date	Printed Name	# of Adults	# of Children	Qual. Code	STREET ADDRESS-TOWN	ZIP CODE	Signature	
<b>Total # of Adults and Children</b>								<b>Total # of Signatures:</b>

**TEFAP FOODS: Shall not be sold, exchanged or otherwise disposed of without the approval of the New Jersey Department of Agriculture.**